Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>05-26-10</u>	Address:	6550 W 600N
Case #:	<u>22F45830</u>		<u>SHIPSHEWANA</u>
County:	<u>LAGRANGE</u>		<u>46565</u>
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)			
No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies that serve the location: Fire Department: SHIPSHEWANA Fax: 260-768-7000 Fax: 260-499-4189		le/Pseudoephedrine Tracking Log erchant Tip AGRNAGE CO SHERIFF ocation: 168-7000	
-	ection Service:	Fax: <u>200-4</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: A. LOMONACO Phone 574-206-2931			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

 This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.